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(10/764,02	29	
TRANSMITTAL			Filing Date	01/22/2004		
FORM			First Named Inventor	Carl Cetera		
			Art Unit	3751		
			Examiner Name	Walczak, David J.		
(to be used for all correspondence after initial filling)			Attorney Docket Number			
To	tal Number of Pages in This Submission		SS-108			
ENCLOSURES (Check all that apply)						
	Fee Transmittal Form	I	Drawing(s) Licensing-related Papers			After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences
	Amendment/Reply After Final Aftidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts		Petition Petition to Convert to a Provisional Application Provisional Application Change of Correspondence / Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD	Address		Appeals and interiences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Cther Enclosure(s) (please Identify below):
	under 37 CFR 1.52 or 1.53					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm Name THE SONI LAW FIRM						
Signature						
Printe	d name Stephen T. Bang					
Date /0/3/06				Reg. No.	48,926	
CERTIFICATE OF TRANSMISSION/MAILING						
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Br. 1450, Alexandria, VA 22313-1450, D.D. NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450,

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